

# EXHIBIT A

Nov 9 2005  
12:44PM

# UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS

In re: PHARMACEUTICAL INDUSTRY  
AVERAGE WHOLESALE PRICE LITIGATION

## SUBPOENA IN A CIVIL CASE

MDL NO. 1456

Civil Action No. 01-12257-PBS

THIS DOCUMENT RELATES TO THE MASTER  
CONSOLIDATED CLASS ACTION

Judge Patti B. Saris  
(case pending in D. Mass.)

TO: Tufts Associated Health Plans, Inc.  
333 Wyman Street  
Waltham, Massachusetts 02454-9112

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case. See deposition topics at Schedule B, attached hereto.

PLACE OF DEPOSITION

Foley Hoag LLP  
Seaport World Trade Center West  
155 Seaport Boulevard  
Boston, Massachusetts 02210-2600

DATE AND TIME

December 2, 2005 at 9:30 a.m.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): See Schedule A, attached hereto.

PLACE

Foley Hoag LLP  
Seaport World Trade Center West  
155 Seaport Boulevard  
Boston, Massachusetts 02210-2600

DATE AND TIME

November 23, 2005

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

Attorney for Defendant Dey, Inc.

November 9, 2005

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER:

Paul F. Doyle (BBO # 133460), Kelley Drye & Warren LLP, 101 Park Avenue, New York, NY 10178. (212) 808-7800.

(See Rule 45, Federal Rules of Civil Procedure, Parts C &amp; D on Reverse)

AO 88 (Rev. 1/94) Subpoena in a Civil Case

PROOF OF SERVICE		
SERVED	DATE	PLACE
SERVED ON (PRINT NAME)		MANNER OF SERVICE
SERVED BY (PRINT NAME)		TITLE

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SERVER

\_\_\_\_\_  
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

## (C) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction which may include, but is not limited to, lost earnings and reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may within 14 days after service of subpoena or before the time specified for compliance if such time is less than 14 days after service, serve objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party service the subpoena shall not be entitled to inspect and copy materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

- (i) fails to allow reasonable time for compliance;
- (ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held; or
- (iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or
- (iv) subjects a person to undue burden.

(B) If a subpoena

- (i) requires disclosure of a trade secret or other confidential research, development, or commercial information; or
- (ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party; or
- (iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena, or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

**DEFINITION**

1. "Tufts Health Plan," "You," or "Your" means Tufts Associated Health Plans, Inc. and any of its past or present officials, officers, fiduciaries, representatives, agents, assigns, attorneys, employees, divisions, departments, affiliates, and all other persons or entities acting or purporting to act on its behalf or under its control.
2. "AMP" or "Average Manufacturer Price" shall have the meaning set forth in 42 U.S.C. § 1396r-8(k)(1).
3. "And" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the request any information that might otherwise be construed to be outside its scope.
4. "ASP" or "Average Sales Price" shall have the meaning set forth in 42 U.S.C. § 1395w-3a.
5. "Auditor" means any independent entity that provides an independent, third-party audit review of any aspect of medical coverage or services provided by any health plan or health and welfare fund to any Participant or Beneficiary.
6. "AWP" or "Average Wholesale Price" means the price for drugs as periodically published by one or more pharmaceutical industry compendia, including the Drug Topics Red Book (the "Red Book"), American Druggist First Databank Annual Directory of Pharmaceuticals ("First DataBank"), Essential Directory of Pharmaceuticals (the "Blue Book"), and Medi-Span's Master Drug Database ("Medi-Span").

7. "Benefit Consultant" means any person or entity that provides information, counsel or advice to any health plan, health maintenance organization, insurance provider or company, health and welfare fund, or other similar entity regarding any medical benefit or service provided by any health plan, health maintenance organization, insurance provider or company, health and welfare fund, or other similar entity to any Participant or Beneficiary.
8. "Best Price" shall have the meaning ascribed to that term pursuant to 42 U.S.C. § 1396r-8(c)(1)(C).
9. "CMS" shall mean Centers for Medicare and Medicaid Services.
10. "Communication," as defined in Local Rule 26.5(c)(1), means the transmittal of information (in the form of facts, ideas, inquiries, or otherwise).
11. "Concerning," as defined in Local Rule 26.5(c)(7), means referring to, describing, evidencing, or constituting.
12. "Copy" or "Copies" when used in reference to a document means any color or black-and-white reproduction of a document, regardless of whether the reproduction is made by means of carbon paper pressure, sensitive paper, photostat, xerography, or other means or process.
13. "Defendant" or "Defendants" means the list of defendants shown on Exhibit A annexed hereto and any of their past or present officials, officers, fiduciaries, representatives, agents, assigns, attorneys, employees, divisions, departments, affiliates, and all

other persons or entities acting or purporting to act on their behalf or under their control.

14. "Document" means the original and each non-identical copy of a document in any medium, including electronic form, whether or not it was communicated to any person other than the author, and shall include but not be limited to, writings, printings, photographs, photocopies, tapes, recordings, video recordings, electronic data, e-mails, and any other symbolic representations in your possession, custody or control or known or believed by you to exist.

15. "Drug Manufacturer" means a company that manufactures pharmaceutical products, including, without limitation, Subject Drugs.

16. "EAC" or "Estimated Acquisition Cost" shall have the meaning ascribed to that term pursuant to 42 C.F.R. § 447.301.

17. "FSS" or "Federal Supply Schedule" means the schedule of prices for pharmaceutical drugs administered by the Department of Veterans Affairs, including revision(s) to any such schedule.

18. "Independent Practice Association" means any organized group of Providers whose members provide health care to any Participant or Beneficiary.

19. "NDC" means the National Drug Code product identifier for a particular drug as listed in the National Drug Code Directory.

20. "PBM" means pharmacy benefit manager.

21. The terms "Participant" and "Beneficiary" mean a person for whom a health plan, health maintenance organization, insurance provider or company, health and welfare fund, or other similar entity provides any medical or health insurance benefit.
22. "Person," as defined in Local Rule 26. 5(c)(6), means any natural person or any business, legal, or governmental entity or association.
23. "Price" means any payment made for a drug with or without discounts, rebates or other incentives affecting the cost of the drug.
24. "Profit Analysis" means any research, study, report or analysis comparing, measuring or evaluating revenue or sales against costs or other expenses.
25. "Provider" means any physician, physician group, pharmacy, Specialty Pharmacy, hospital, clinic or any other entity that provides health care or pharmaceuticals to any Participant or Beneficiary.
26. "Publisher" means an entity that publishes a listing of pharmaceutical prices, and includes publications identified in Health Care Financing Administration Program Memorandum AB-99-63 and includes First DataBank, Red Book, Blue Book and Medi-Span.
27. "Relating" means in any way concerning or referring to, consisting of, involving, regarding or connected with the subject matter of the request.
28. "Specialty Pharmacy" means a full service pharmacy that, among other things, dispenses and/or administers Subject Drugs directly to patients, and provides services including but not limited to contracting with Drug Manufacturers, prior authorization, patient

education and follow up, case management, and home delivery.

29. "Staff-Model HMO" means a health maintenance organization ("HMO") providing health services from a group of physicians who are either staff employees of a professional group practice which is an integral part of the HMO plan or are direct employees of the HMO itself.

30. "Subject Drug" or "Subject Drugs" means one or more of the drugs listed on Exhibit A annexed hereto.

31. "TAMCC" means the Third Amended Master Consolidated Class Action Complaint Amended to Comply with Court's Certification Order, filed in connection with MDL Docket No. 1456, Civil Action No. 01-12257-PBS, in the United States District Court for the District of Massachusetts.

32. "Third Party Administrator" means any entity that provides administrative services to any health plan, health maintenance organization, insurance provider or company, health and welfare fund, or other similar entity relating to any medical benefit provided to any Participant or Beneficiary.

33. "WAC" means wholesale acquisition cost or the list prices for sales by Drug Manufacturers to Wholesalers.

34. "Wholesaler" means any entity that purchases Subject Drugs from a Drug Manufacturer and resells such drugs to any other entity.

**INSTRUCTIONS**

1. Unless otherwise specifically stated, the requests below refer to the period of January 1, 1991 to the present.
2. The singular form of a noun or pronoun shall include within its meaning the plural form of the noun or pronoun and vice versa; the masculine form of a pronoun shall include within its meaning the feminine form of the pronoun and vice versa; and the use of any tense of any verb shall include within its meaning all other tenses of the verb.
3. Each request for production of documents extends to all documents in the possession, custody, or control of you or anyone acting on your behalf. A document is to be deemed in your possession, custody, or control if it is in your custody, or if it is in the custody of any other person and you (a) own such document in whole or in part; (b) have a right, by contract, statute, or otherwise, to use, inspect, examine, or copy such document on any terms; (c) have an understanding, express or implied, that you may use, inspect, examine, or copy such document on any terms; or (d) have, as a practical matter, been able to use, inspect, examine, or copy such document when you sought to do so.
4. If production is requested of a document that is no longer in your possession, custody, or control, your response should state when the document was most recently in your possession, custody, or control, how the document was disposed of, and the identity of the person, if any, presently in possession, custody, or control of such document. If the document has been destroyed, state the reason for its destruction.
5. Provide the following information for each document withheld on the

grounds of privilege:

- (a) its date;
- (b) its title;
- (c) its author;
- (d) its addressee;
- (e) the specific privilege under which it is withheld;
- (f) its general subject matter; and
- (g) a description of it that you contend is adequate to support your contention that it is privileged.

6. These requests for production of documents are continuing in nature pursuant to Rule 26 of the Federal Rules of Civil Procedure so as to require, whenever necessary, continuing production and supplementation of responses between the initial date for production set forth above and the time of trial.

7. The documents produced must be produced as they are kept in the usual course of business or organized and labeled to correspond with the categories in the request.

8. To the extent that you consider any of the following requests for production of documents objectionable, please respond to the remainder of the production request, and separately state the part of each request to which you object and each ground for each objection.

**SCHEDULE A**

**DOCUMENTS TO BE PRODUCED**

1. All documents relating to or reflecting any definition or meaning of AWP.
2. All documents relating or referring to any difference between an AWP and an actual payment by you or anyone else for any Subject Drug.
3. All documents reflecting maximum allowable costs or MACs for the Subject Drugs.
4. All documents reflecting or referring to the process you used or use to develop maximum allowable costs or MACs used for reimbursing Providers for the Subject Drugs.
5. All documents concerning FSS, ASP, AMP, Best Price, EAC or any other pricing benchmark for any Subject Drug.
6. All documents concerning the number of patients referred to hospitals by the Tufts Health Plan during the relevant time period.
7. All documents concerning the methodology used to determine reimbursement or payment rates (e.g., fee schedule amounts) for any Subject Drug.
8. All documents that concerning your reimbursement or payment to Providers for any Subject Drug, including, without limitation, all fee schedules.
9. All documents that you or someone acting on your behalf relied upon in

setting reimbursement or payment rates for any Subject Drug.

10. All minutes from meetings where reimbursement or payment for Subject Drugs was discussed, including meetings where the setting of reimbursement or payment rates was discussed.

11. All documents reflecting or referring to all formularies utilized by you which provide coverage for the Subject Drugs.

12. All documents concerning the factors considered in developing the formularies utilized by you which provide coverage for the Subject Drugs.

13. All data concerning Provider or PBM claims for reimbursement for Subject Drugs administered to any Participant or Beneficiary, including the following data: (1) the NDC; (2) units billed; (3) amount billed; (4) the date the claim was submitted; (5) the date the claim was paid; (6) the amount paid; (7) the dispensing fee; (8) the basis for reimbursement (*e.g.*, AWP, WAC, MAC, FUL, FSS, ASP or usual and customary charge); (9) HCPCS/J Code; (10) identification number for the Provider; (11) identification number for the Participant or Beneficiary; (12) identification number of the claim; (13) date of birth of the Participant or Beneficiary; (14) Medicare payment amount; (15) amount not covered by plan; (16) name of the group for which the Participant or Beneficiary is a member; (17) date of service; (18) claims status (*e.g.*, denied, accepted, pending); and (19) the state in which service was provided.

14. All documents relating to your claims processing policies and procedures for any Subject Drug.

15. A list of all Providers participating in Tufts Health Plan, along with their Provider identification numbers.
16. Electronic transaction records concerning any discounts, rebates, service charges, or other payments you added or subtracted from Provider or PBM claims on account of the Subject Drugs.
17. All documents, including electronic transaction records, concerning your purchase of the Subject Drugs from Defendants, Wholesalers, PBMs, or any other person or entity.
18. All documents concerning your contractual relationships with PBMs, Third Party Administrators, Benefit Consultants, Auditors, Wholesalers, Defendants, Independent Practice Associations, Specialty Pharmacies, or Providers insofar as they cover any Subject Drug, including, without limitation, master agreements, addenda, schedules, attachments, requests for proposal, and responses to requests for proposal.
19. Documents sufficient to identify all persons involved in negotiations of contractual relationships with PBMs, Third Party Administrators, Benefit Consultants, Auditors, Wholesalers, Drug Manufacturers, Independent Practice Associations, Specialty Pharmacies, or Providers insofar as they cover any Subject Drug.
20. All documents concerning the costs to Providers of any Subject Drug, including, without limitation, invoices and other documents reflecting rebates, chargebacks, and other discounts issued by Drug Manufacturers, Wholesalers, or PBMs to Providers.

21. All documents concerning your awareness that the costs to Providers of Subject Drugs are different from the amounts you reimburse Providers for Subject Drugs, including, without limitation, documents reflecting any differences between the costs to Providers of any Subject Drug and the amounts you reimburse Providers for any Subject Drug.

22. All communications between you and Providers relating to reimbursement or payment rates of any Subject Drug.

23. All documents concerning your ownership or control of any Provider.

24. All documents concerning the acquisition of Subject Drugs by you on behalf of any Provider, university, or other organization.

25. All documents concerning any incentives provided to any Provider in connection with the purchase or sale of any Subject Drug.

26. All contracts, agreements, and other documents concerning your arrangements with any Provider concerning risk-sharing, capitation, withholdings, or fee schedules.

27. All documents concerning to your right to audit Providers.

28. All documents concerning any audits of Providers and changes to your policy as a result of such audits.

29. All contracts, agreements, and other documents concerning arrangements between you and Defendants regarding formulary placement of the Subject Drugs, discounts,

rebates and any other compensation received by you in connection with your purchase of the Subject Drugs from Defendants.

30. All contracts, agreements, and other documents concerning arrangements between you and PBMs regarding formulary placement of the Subject Drugs, discounts, rebates, and any other compensation received by you in connection with your purchase of the Subject Drugs from PBMs.

31. All documents concerning your decision to rely on, reliance on, or use of drug pricing information published by any Publisher for any Subject Drug.

32. All documents created by or received from any Publisher, including but not limited to drug pricing information, communications, memoranda, and contracts or agreements between you and any Publisher regarding any Subject Drug.

33. All documents created by or received from CMS, United States Department of Health and Human Services, Health and Human Services Office of the Inspector General, the General Accounting Office, Congress, the Commonwealth of Massachusetts, any state Medicaid program, or any other federal or state institution, agency, department, or office regarding the pricing of prescription drugs.

34. All documents provided to CMS, United States Department of Health and Human Services, the Department of Health and Human Services Office of the Inspector General, the General Accounting Office, Congress, the Commonwealth of Massachusetts, any state Medicaid program, or any other federal or state institution, agency, department, or office regarding the pricing of any Subject Drug.

35. All documents concerning any Profit Analysis you have performed or received relating to your reimbursement or payment for any Subject Drug.

36. All documents concerning any internal or external, formal or informal, investigations, studies, research, assessments, analyses, reviews or audits regarding drug pricing, reimbursement, payment amounts, or rates for any Subject Drug.

37. All documents produced by you in any litigation or government investigation or inquiry related to the use of AWP in Medicare, Medicaid, or private reimbursement.

38. All current and historical organizational charts for all of your departments.

**SCHEDULE B**

**DEPOSITION TOPICS**

1. All methodologies you utilized or considered utilizing to determine the amounts to pay or reimburse Providers for drugs administered or dispensed to Participants and Beneficiaries.
2. All rationales, information, and factors considered by you in deciding whether or not to adopt the reimbursement methodologies described in Subject 1.
3. The identity of each person at your company who participated in or had knowledge of the decision to select the reimbursement methodologies described in Subject 1.
4. Any actions that you have taken to reduce either your total expenditures on pharmaceutical benefits or the amount spent on any particular pharmaceutical product.
5. For all methodologies discussed in Subject 1, all rationales, information, and factors considered by you in deciding whether or not to pay a separate administration fee or dispensing fee in addition to the price of the drug itself.
6. Your knowledge and understanding of whether any administration or dispensing fees you reimbursed to Providers were sufficient to cover the Provider's costs in administering or dispensing the corresponding drugs.
7. Your understanding, use, and knowledge of the terms "Average Wholesale Price," "AWP," "Wholesale Acquisition Cost," "WAC," "Maximum Allowable Cost," "MAC," "Federal Supply Schedule," "FSS," "Average Sales Price," "ASP," "Average Manufacturer

Price," "AMP," "Best Price," "Estimated Acquisition Cost," or "EAC."

8. Your understanding and knowledge of whether Drug Manufacturers provided Providers with discounts, rebates, and other incentives that were not reported in pricing compendia or otherwise disclosed to the public.

9. For physician-administered drugs, whether and to what extent your negotiations with Providers about reimbursement expressly dealt with a distinction between (a) the reimbursement of the drug itself, and (b) the reimbursement for the Provider's administration service.

10. Whether and to what extent your negotiations over reimbursement rates with Providers over drugs and drug-related services are influenced by Medicare's reimbursement rates.

11. Your understanding and knowledge of whether Providers would earn a margin on drugs administered and dispensed, including whether such a margin depended, in part, on the difference between the reimbursement you paid and the actual acquisition costs for the drugs, net of any incentives provided by the Drug Manufacturers.

12. Whether and to what extent you provide different reimbursement rates based upon the type of Providers and/or the method of the administration of the drugs.

13. Any studies or analysis you have made concerning the relative costs of the administration of Subject Drugs in physicians' offices rather than in hospitals.

14. Whether and to what extent you own any Provider and if so, whether you

purchased drugs on behalf of any Provider.

15. Whether and to what extent a Staff-Model HMO was implemented by your plan and if so, your knowledge as to the period in which the Staff-Model HMO operated, its purchasing practices, and the terms of its contracts with Drug Manufacturers, Wholesalers, or any other person or entity.

16. Whether and to what extent you have ever been affiliated with a hospital or university and if so, your knowledge as to the period of affiliation with a hospital or university and the terms of the arrangement.

17. Whether and to what extent you participate in government programs that reimburse under the FSS and if so, your knowledge as to the period of participation in the government program and terms of your participation in the program.

18. Fee schedules for physician-administered drugs, including the methodologies used to develop the fee schedules, the rationales for such methodologies, and whether the fee schedules were communicated to the physicians.

19. Whether and to what extent you have transitioned to a Medicare's ASP-based reimbursement system and if so, the date of implementation or change to an ASP-based reimbursement as well as your rationale for doing so or not doing so.

20. Whether and to what extent you use a capitation reimbursement program, including withholds, for the reimbursement of physician-administered drugs and if so, the start and end dates of these programs, and your knowledge and understanding of how these programs

work.

21. Your knowledge and understanding of how the formularies and the drugs to be included on the formularies are determined, including any rationales and factors considered in that determination.
22. Your relationship(s), if any, with any PBM.
23. All rationales, information, and factors considered by you in deciding whether to do business with a PBM and in deciding which PBM, if any, to use.
24. The identity of each person at your company who participated in or had knowledge of the decision whether or not to do business with a PBM.
25. Your knowledge of the margin Wholesalers have earned on drugs over the last decade.
26. All information sent to or received from federal, state, or local governments regarding pharmaceutical reimbursement.
27. Your knowledge of government studies, reports, and communications concerning actual acquisition costs for drugs.
28. Your knowledge and understanding of the allegations in the TAMCC.
29. Tufts Health Plan's document retention policy.
30. The types and scope of coverage offered by Tufts Health Plan.

31. Tufts Health Plan's organizational structure.

32. All documents produced in response to Defendants' subpoena, including whether such documents are authentic within the meaning of Rule 901 of the Federal Rules of Evidence, and Records of Regularly Conducted Activity within the meaning of Rule 803(6) of the Federal Rules of Evidence.

**EXHIBIT A****ALL DRUGS LISTED BELOW ARE SUBJECT TO THESE DISCOVERY REQUESTS**

Abbott	Acetylcyst
Abbott	Acyclovir
Abbott	A-Methapred
Abbott	Amikacin
Abbott	Amikacin Sul
Abbott	Aminosyn
Abbott	Biaxin
Abbott	Calcijex
Abbott	Cimetidine
Abbott	Clindamycin
Abbott	Depakote
Abbott	Depakote SPR
Abbott	Dextrose
Abbott	Dextrose w/Sodium Chloride
Abbott	Diazepam
Abbott	Ery-Tab
Abbott	Erythromycin Cap
Abbott	Erythromycin Tab Bs
Abbott	Fentanyl Cit
Abbott	Furosemide
Abbott	Gentamicin
Abbott	Heparin Lock
Abbott	Leucovor CA
Abbott	Lorazepam
Abbott	Prevacid Cap
Abbott	Prevacid Gra
Abbott	Sod Chloride
Abbott	Sodium Chloride Sol
Abbott	Tobra/Nacl
Abbott	Tobramycin
Abbott	Vancomycin
Allen & Hanburys	Beconase AQ SPR
Allen & Hanburys	Flonase SPR
Allen & Hanburys	Serevent AER
Allen & Hanburys	Serevent DIS MIS

Amgen	Aranesp
Amgen	Enbrel
Amgen	Epogen
Amgen	Kineret
Amgen	Neulasta
Amgen	Neupogen
Astrazeneca	Accolate
Astrazeneca	Arimidex
Astrazeneca	Casodex
Astrazeneca	Diprivan
Astrazeneca	Nolvadex
Astrazeneca	Seroquel
Astrazeneca	Zestril
Astrazeneca	Zoladex
Astrazeneca	Zomig
Astrazeneca	Zomig ZMT
Astrazeneca	Atacand
Astrazeneca	Atacand HCT
Astrazeneca	Entocort EC
Astrazeneca	Nexium
Astrazeneca	Prilosec
Astrazeneca	Pulmicourt
Astrazeneca	Rhinocourt
Astrazeneca	Toprol XL
Aventis	Allegra
Aventis	Allegra-D
Aventis	Amaryl
Aventis	Anzemet
Aventis	Arava
Aventis	Azmacourt
Aventis	Calcimar
Aventis	Carafate
Aventis	Cardizem Cap
Aventis	Cardizem Inj
Aventis	Cardizem Tab
Aventis	Gammar
Aventis	Gammar P-IV
Aventis	Intal
Aventis	Intal INH
Aventis	Nasacort

Aventis	Nasacort AQ
Aventis	Taxotere
Aventis	Trental
B. Braun	Dextrose
B. Braun	HEP Sod/D5W
B. Braun	HEP Sod/NACL
B. Braun	Sod Chloride
B. Braun	Sodium Chloride Sol
Baxter	Aggrastat
Baxter	Ativan
Baxter	Bebulin VH
Baxter	Brevibloc
Baxter	Buminate
Baxter	Cisplatin
Baxter	Claforan/D5W
Baxter	Dextrose
Baxter	Doxorubicin
Baxter	Gammagard SD
Baxter	Gentam/NACL
Baxter	Gentran 40
Baxter	Gentran 75
Baxter	Gentran/Trav
Baxter	Heparin Lock
Baxter	Iveegam
Baxter	Iveegam EN
Baxter	Osmitrol
Baxter	Osmitrol VFX
Baxter	Recombinate
Baxter	Sod Chloride
Baxter	Sodium Chlor Sol
Baxter	Travasol
Baxter	Travasol w/Dextrose
Baxter	Vancocin HCL
Baxter	Vancocin/Dex
Bayer Pharmaceutical	Cipro
Bayer Pharmaceutical	Cipro Cystit Tab
Bayer Pharmaceutical	Cipro I.V.
Bayer Pharmaceutical	Cipro XR
Bayer Pharmaceutical	DTIC-DOME

Bayer Pharmaceutical	Gamimune N
Bayer Pharmaceutical	Koate-HP
Bayer Pharmaceutical	Kogenate FS
Bayer Pharmaceutical	Mithracin
Bedford	Acyclovir Sodium
Bedford	Amikacin Sulfate
Bedford	Cytarabine
Bedford	Etoposide
Bedford	Leucovorin Calcium
B-M Squibb	Paraplatin Inj
B-M Squibb	Blenoxane
B-M Squibb	Cytosan
B-M Squibb	Etopophos
B-M Squibb	Rubex
B-M Squibb	Taxol
B-M Squibb	Vepesid
B-M Squibb	Ividex EC
B-M Squibb	Avapro
B-M Squibb	Buspar
B-M Squibb	Cefzil
B-M Squibb	Glucophage)
B-M Squibb	Glucovance)
B-M Squibb	Monopril)
B-M Squibb	Plavix)
B-M Squibb	Serzone)
B-M Squibb	Tequin)
B-M Squibb	Coumadin
Apothecon	Amikin (amikacin sulfate)
Apothecon	Fungizone (amphotercin b)
Boehringer Ingelheim	Acyclovir Sodium
Boehringer Ingelheim	Amikacin Sulfate
Boehringer Ingelheim	Cytarabine
Boehringer Ingelheim	Doxorubicin
Boehringer Ingelheim	Etoposide
Boehringer Ingelheim	Leucovor CA
Boehringer Ingelheim	Leucovorin Calcium
Boehringer Ingelheim	Methotrexate
Boehringer Ingelheim	Methotrexate Sodium
Boehringer Ingelheim	Mitomycin

Boehringer Ingelheim	Vinblastine Sulfate
Cerenex	Amerge
Cerenex	Imitrex
Cerenex	Zofran
Dey Labs	Acetylcysteine
Dey Labs	Albuterol
Dey Labs	Cromolyn Sodium
Dey Labs	Ipratropium
Dey Labs	Metaproteren Neb
Fujisawa	Aristocort
Fujisawa	Aristospan
Fujisawa	Cefizox
Fujisawa	Cefizox/D5W
Fujisawa	Cyclocort
Fujisawa	Lyphosin
Fujisawa	Nebupent or Pentam 300
Fujisawa	Prograf
Fujisawa	Vinblastine Sulfate
Gensia	Amikacin Sulfate
Gensia	Amphotercin B
Gensia	Etoposide
Gensia	Leucovorin Calcium
GlaxoSmithKline	Advair Disku Mis
GlaxoSmithKline	Agenerase
GlaxoSmithKline	Agenerase SDL
GlaxoSmithKline	Alkeran
GlaxoSmithKline	Ceftin
GlaxoSmithKline	Combivir
GlaxoSmithKline	Daraprim
GlaxoSmithKline	Epivir
GlaxoSmithKline	Epivir HBV
GlaxoSmithKline	Flovent
GlaxoSmithKline	Flovent ROTA
GlaxoSmithKline	Kytril
GlaxoSmithKline	Lamictal
GlaxoSmithKline	Lanoxin
GlaxoSmithKline	Lanoxin Ped

GlaxoSmithKline	Leukeran
GlaxoSmithKline	Mepron
GlaxoSmithKline	Myleran
GlaxoSmithKline	Navelbine
GlaxoSmithKline	Paxil
GlaxoSmithKline	Paxil CR
GlaxoSmithKline	Purinethol
GlaxoSmithKline	Relenza
GlaxoSmithKline	Retrovir
GlaxoSmithKline	Thioguanine
GlaxoSmithKline	Trizivir
GlaxoSmithKline	Valtrex
GlaxoSmithKline	Ventolin HFA
GlaxoSmithKline	Wellbutrin
GlaxoSmithKline	Zantac
GlaxoSmithKline	Ziagen
GlaxoSmithKline	Zofran
GlaxoSmithKline	Zovirax
GlaxoSmithKline	Zyban
Immunex	Leucovorin Calcium
Immunex	Leukine
Immunex	Methotrexate Sodium
Immunex	Novantrone
Immunex	Thioplex
J&J Group (Centocor)	Remicade
J&J Group (Janssen)	Aciphex
J&J Group (Janssen)	Duragesic
J&J Group (Janssen)	Reminyl
J&J Group (Janssen)	Risperdal
J&J Group (Janssen)	Sporanox
J&J Group (McNeil)	Bicitra
J&J Group (McNeil)	Elmiron
J&J Group (McNeil)	Flexeril
J&J Group (McNeil)	Floxin
J&J Group (McNeil)	Haldol
J&J Group (McNeil)	Haldol Decan
J&J Group (McNeil)	Levaquin
J&J Group (McNeil)	Mycelex
J&J Group (McNeil)	Pancrease
J&J Group (McNeil)	Pancrease MT

J&J Group (McNeil)	Parafon Fort
J&J Group (McNeil)	Polycitra
J&J Group (McNeil)	Polycitra-K
J&J Group (McNeil)	Polycitra-K Sol
J&J Group (McNeil)	Polycitra-LC Sol
J&J Group (McNeil)	Regranex
J&J Group (McNeil)	Terazol 3
J&J Group (McNeil)	Terazol 7
J&J Group (McNeil)	Testoderm
J&J Group (McNeil)	Tolectin
J&J Group (McNeil)	Tolectin DS
J&J Group (McNeil)	Topamax
J&J Group (McNeil)	Tylenol/Cod
J&J Group (McNeil)	Tylox
J&J Group (McNeil)	Ultracet
J&J Group (McNeil)	Ultram
J&J Group (McNeil)	Urispas
J&J Group (McNeil)	Vascor
J&J Group (Ortho Biotech)	Procrit
J&J Group (Ortho Derm)	Erycette
J&J Group (Ortho Derm)	Grifulvin V
J&J Group (Ortho Derm)	Monistat
J&J Group (Ortho Derm)	Renova
J&J Group (Ortho Derm)	Retin-A
J&J Group (Ortho Derm)	Retin-A Micr Gel
J&J Group (Ortho Derm)	Spectazole Cream
Novartis	Clozaril
Novartis	Combipatch
Novartis	Comtan
Novartis	Estraderm
Novartis	Exelon
Novartis	Femara
Novartis	Lamisil
Novartis	Lamprane
Novartis	Lescol
Novartis	Lescol XL
Novartis	Lotensin
Novartis	Lotensin HCT
Novartis	Lotrel
Novartis	Miacalcin
Novartis	Parlodel

Novartis	Ritalin
Novartis	Ritalin LA
Novartis	Starlix
Novartis	Tegretol
Novartis	Tegretol XR
Novartis	Trileptal
Novartis	Vivelle
Novartis	Vivelle-DOT
Pfizer	Accupril
Pfizer	Accuretic Tab
Pfizer	Cardura
Pfizer	Celontin
Pfizer	Dilantin
Pfizer	Dilantin-125
Pfizer	Estrostep FE
Pfizer	Femhrt 1/5
Pfizer	Lipitor
Pfizer	Lopid
Pfizer	Minizide
Pfizer	Nardil
Pfizer	Neurontin
Pfizer	Nitrostat
Pfizer	Renese
Pfizer	Rescriptor
Pfizer	Viracept
Pfizer	Zarontin
Pfizer	Zithromax
Pfizer	Zoloft
Pfizer	Zyrtec
Pharmacia	Adriamyc PFS
Pharmacia	Adriamyc RDF
Pharmacia	Adrucil
Pharmacia	Amphocin
Pharmacia	Amphotercin B
Pharmacia	Bleomycin Sulfate
Pharmacia	Celebrex
Pharmacia	Cleocin-T
Pharmacia	Cytarabine
Pharmacia	Depo-Testost
Pharmacia	Etoposide

Pharmacia	Neosar
Pharmacia	Solu-Cortef
Pharmacia	Solu-Medrol
Pharmacia	Toposar
Pharmacia	Vincasar PFS
Roche	Cellcept
Roche	Kytril
Schering	Clarinox
Schering	Claritin
Schering	Claritin-D
Schering	Diprolene
Schering	Diprolene AF
Schering	Diprosone
Schering	Elocon
Schering	Eulexin
Schering	Integrilin
Schering	Intron-A
Schering	Lotrisone
Schering	Nasonex
Schering	Peg-Intron
Schering	Proventil
Schering	Rebetol
Schering	Temodar
Schering	Trinalin Rep
Schering	Clotrimazole
Schering	Griseofulvin, Ultramicrocry
Schering	ISMN
Schering	Oxaprozin
Schering	Perphenazine
Schering	Potassium Chloride
Schering	Sodium Chloride
Schering	Sulcrafate Tablets
Schering	Theophylline
Sicor	Acyclovir Sodium
Sicor	Amikacin Sulfate
Sicor	Doxorubicin
Sicor	Etoposide
Sicor	Leucovorin Calcium
Sicor	Pentamidine Isethionate

Sicor	Tobramycin Sulfate
TAP	Prevacid
Watson	Dexamethasone Acetate8
Watson	Dexamethasone Sodium Phosphate
Watson	Diazepam
Watson	Estradiol
Watson	Ferlecit
Watson	Fluphenazine HCL
Watson	Gemfibrozil
Watson	Gentamicin Sulfate
Watson	Imipramine HCL
Watson	Infed
Watson	Lorazepam
Watson	Nadolol
Watson	Perphenazine2
Watson	Propranolol
Watson	Ranitidine
Watson	Vancomycin HCL
Watson	Verapamil HCL